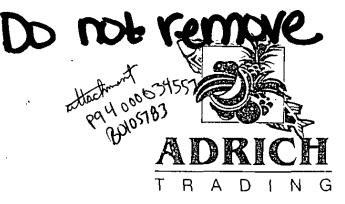
2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 11, 2000 8:00 am Secretary of State **POCUMENT # P9400034557** 1. Entity Name ADRICH TRADING, INC. 09-11-2000 90017 019 ***150.00 Principal Place of Business Mailing Address 10532 SW 115TH ST. 10532 SW 115TH ST. MIAMI FL 33176 MIAMI FL 33176 B0105783 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0506881 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired, Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDS, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 10532 SW 115TH ST. **MIAMI FL 33176** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10-Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change ADAMS, WAYNE NAME NAME STREET ADDRESS 10532 SW 115TH ST. STREET ADDRESS CITY-ST-7IP **MIAMI FL 33176** CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change RICHARDS, LAWRENCE NAME STREET ADDRESS 10532 SW 115TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP Delete - -TITLE __ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY -ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like ampowered.

Daytime Phone #



To wime IT may concern ms KATherine HARRS

DEAR MADAM

I RECEIVED FROM YOUR OFFICE The 9th of this MONTH ABUSINESS REPORT FORM STATING SECOND NOTICE INDUSTRECTIVED The FIRST. I MONDERED MAY ZOID NOT RECEIVE THE REPORT FORM WHEN IT MOURLY ARIVE THE FROM PART SO The year PREVIOUSLY IAKWAYS REPLY BEFARE THE DERDLINE EVERY YEAR SINCE The BUSINESS BEAM. I WAS NEVER LATE Now BECAUGE SOMEONE IN YOUR OFFICE FAIL TO MAIL The FORM OUT ON TIME I AM DIFFECTED TO PAY A LATE Charge for Which I AM NOT CHILTY AND WILL NOT BE PERMALIZED FOR SOMOONES MISTARE The SAME WAY All the others CAME YEAR After YEAR AND This ONE CAME If they MALED The FRST FORM The Time When IT Should home. Iwould RECEIVE AND RERY AS USUAL, I have NO INTENTION OF PAYING ALATE

Trading Caribbean Products

addadroot 00034551 POIO5183
ADRICH
TRADING

Charter Forwhich I Am GUILTY of.

INCLOSED IS THE FARM YOUR OFFICE SENT ME.

I AM RETURNING UNSIGNED.

SINCERELY

LAWRENCE RICHARDS